

**The Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Manual for Single Person Households

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July 2014

**COMMUNITY
SOLUTIONS**



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Introduction

This manual outlines how to complete the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT), as created and owned by Community Solutions and OrgCode Consulting, Inc. The VI-SPDAT is the result of a combination of two tools – the Vulnerability Index (VI) survey created by Community Solutions for use in street outreach, which helps to determine the chronicity and medical vulnerability of homeless persons, and the Service Prioritization Decision Assistance Tool (SPDAT) created by OrgCode as an intake and case management tool. Upon completing this manual, practitioners will have a detailed understanding of how the VI-SPDAT can be used as part of a coordinated entry system, how it should not be used, and how to implement the tool with clients.

What the VI-SPDAT Does - and Does NOT - Do

The VI-SPDAT is a pre-screening, or triage tool that is designed to be used by all providers within a community to quickly assess the health and social needs of homeless persons and match them with the most appropriate support and housing interventions that are available.

Compare homelessness in your community to a mass casualty event that sends many people to the hospital emergency department: there will be some serious injuries that require immediate intervention, while others may be able to wait to be treated, and some injuries may not need medical attention at all. The emergency department staff will need to identify whom to treat first and why, based upon the best available evidence.

A triage tool like the VI-SPDAT allows homeless service providers to similarly assess and prioritize the universe of people who are homeless in their community and identify whom to treat first based on the acuity of their needs. It is a brief survey that service providers, outreach workers, and even volunteers can use to determine an acuity score for each homeless person who participates. The scores can then be compared and used to identify and prioritize candidates for different housing interventions based upon their acuity. Using the VI-SPDAT, providers can move beyond only assisting those who present at their particular agency and begin to work together to prioritize all homeless people in the community, regardless of where they are assessed, in a consistent and transparent manner.

Sometimes the VI-SPDAT is confused with or used interchangeably with the SPDAT. Whereas the VI-SPDAT is a triage tool (also referred to as a pre-screen tool), the SPDAT is an assessment tool. The SPDAT digs deeper into the context, history, environment and severity of an issue in a more nuanced manner than the VI-SPDAT. To return to the metaphor of a hospital emergency department, the VI-SPDAT is the triage station asking a series of questions to confirm what is occurring and to understand a particular patient's needs in comparison to all other patients; the SPDAT is what happens when the doctor sees the patient, rounds out the understanding of the issue, and advises the appropriate treatment protocol for that individual. The VI-SPDAT is designed to determine the presence and acuity of an issue and identify clients to refer for assessment for specific housing interventions, but it is not intended to provide a comprehensive assessment of each person's needs.

It is recommended that the VI-SPDAT be used together in a community with the SPDAT, as they are complementary tools. However, communities may start with using only the VI-SPDAT and referring clients directly to different housing interventions based on their VI-SPDAT scores, although this approach is less precise than using a more comprehensive assessment.

The Types of Questions in the VI-SPDAT

Each question in the VI-SPDAT links into one or more components of the SPDAT. As a pre-screen tool that is used to triage clients across the entire homeless population, the questions look for the presence of a more acute issue in each component area. The SPDAT looks deeper into the nuances of these issues.

All VI-SPDAT questions result in "Yes", "No", "Refused", or one-word answers. There is no elaboration or narrative required or recommended in the VI-SPDAT, unlike the SPDAT and similar tools where doing so is part of the assessment.

How the questions are structured is important in the VI-SPDAT, as is the ordering of the questions. Some questions are what are known as **Linked** Questions. **Linked** Questions are sets of two or more questions that together help determine a single scoring point. A **Stand-Alone** Question is when just one question is asked to determine a scoring point.

You must always ask each question in a Linked Question set. This rule applies even if you know that a person meets all of the criteria to get a point for the question set once they have answered the first question.

If a person refuses to answer one of the questions in a **Linked** Question set, mark "Refused" and keep asking the other questions in the set. Depending on which questions are "Refused", it may still be possible to assign a score to the **Linked** Question set. A **Linked** Question set is unusable if all of the questions that are **linked** together are "Refused".

All of the questions in the VI-SPDAT, and the scoring system used for each **Stand-Alone** Question and **Linked** Question set, are described in detail in this manual.

Where there is in the VI-SPDAT Content/Wording, and Where there is No Flexibility

Each question in the VI-SPDAT ties into one or more of the components of the SPDAT. The inclusion of each question is supported by an extensive body of evidence from peer-reviewed studies and government documents, and/or extensive data from program operations.

Each word and phrase within the tool has been carefully and rigorously tested. Some questions permit adjustments to the wording to allow for differences in the local context: for example, in Question 3, "emergency room" may be changed to "emergency department" in communities where the latter is more commonly used. As you go through this manual, you will see where you have some flexibility to alter a word or phrase without it having a bearing on the intent of the tool, and where you cannot change the wording.

Making changes to the wording of a question, other than those that are identified, may mean that the question will no longer be grounded in evidence and may not elicit the information for which it was designed. Permission is required from Community Solutions and OrgCode Consulting, Inc. to make amendments because they own the intellectual property of the tool (See the FAQ at the end of this manual for additional information).

Unlike the SPDAT assessment, which uses multiple methods for information capture, the VI-SPDAT is designed and structured to only use self-report. A person who is being surveyed using the VI-SPDAT should be able to complete it with anyone, not just the people who know her/his case history or have other information from other circumstances or sources.

The order of the VI-SPDAT cannot change. As a self-reported tool, the sequence is vitally important and links it back to the SPDAT for those communities that are using both tools.

Your community may choose to **add** more questions to the VI-SPDAT, **as long as they are not used for scoring in any way**. For example, it is common for communities to add screening questions that capture information that may be important for understanding local needs or to meet funding requirements, such as experience of domestic/intimate partner violence, military service and nature of discharge, and whether the individual meets the federal definition of chronic homelessness. Additionally, some demographic information can be gathered that may be required for HMIS entry.

The Structure of the VI-SPDAT

The VI-SPDAT is organized across four domains. Each domain is directly aligned with the domains of inquiry used in the SPDAT.

1. **History of Housing**
2. **Risks**
3. **Socialization and Daily Functions**
4. **Wellness**

Each question within the VI-SPDAT is directly related to one or more components within the SPDAT. The "components" are the subsections of each domain area.

Domain Area	Components within the SPDAT
History of Housing	<ul style="list-style-type: none"> • History of Housing and Homelessness
Risks	<ul style="list-style-type: none"> • Risk of Harm to Self or Others • Involvement in High-Risk and/or Exploitive Situations • Interactions with Emergency Services • Legal Issues • Managing Tenancy
Socialization and Daily Functions	<ul style="list-style-type: none"> • Self-Care and Daily Living Skills • Personal Administration and Money Management • Meaningful Daily Activities • Social Relations and Networks
Wellness	<ul style="list-style-type: none"> • Mental Health and Wellness and Cognitive Functioning • Physical Health and Wellness • Medication • Substance Use • Experience of Abuse and/or Trauma

Remember: There is absolutely nothing arbitrary about why the VI-SPDAT asks the questions that it does in the manner that it does.

Consent

An individual **must** provide informed consent prior to the VI-SPDAT being completed. You cannot complete a VI-SPDAT with a client without that person's knowledge and explicit agreement. You also cannot complete the VI-SPDAT solely through observation or using known information within your organization.

Setting up the VI-SPDAT – Your Introductory Script

It is recommended that everyone in your community use the same introductory script. Create one that explains how your community is using the VI-SPDAT, how the information is stored, and what happens with the information collected from the VI-SPDAT. In your script, you should relay the following:

- The name of the surveyor and the organization that he or she is affiliated with;
- That the survey takes 10 minutes or less to complete (although the addition of non-scoring questions will increase this time)
- That you are looking for yes, no or one word answers, not their full story;
- Some questions are of a sensitive nature, and they may choose to refuse to answer any question;
- If they do not understand what a particular question is asking, or if the surveyor thinks that the question may not have been understood, that clarification can and will be provided;
- Information collected goes into your community's data system/HMIS;
- Consent to participate in the survey;
- The importance of honest responses;
- What happens with the information and how they can access request access to the results.

Sample script:

My name is [interviewer name] and I work for a group called [organization name]. I have a 10-minute survey that I would like to complete with you. The answers will help us determine how we can go about supporting and housing you. Most questions only require a Yes or No. Some questions require a one-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The information collected goes in to [data privacy requirements].

If you do not understand a question, let me know and I would be happy to clarify. If it seems to me that you don't understand a question I will also do my best to explain it to you without you needing to ask for clarification.

One last thing we should chat about. I've been doing this long enough to know that some people will tell me what they want me to hear rather than telling me – or even themselves – the truth. It's up to you, but the more honest you are, the better we can figure out how best to support you. If you are dishonest with me, really you are just being dishonest with yourself. So, please answer as honestly as you feel comfortable doing.

Starting Information

If you are completing the VI-SPDAT within your community’s Homeless Management Information System (HMIS), it is part of the integrated client record in almost all instances. What this means is that you already have some basic information like the client’s name, age, and gender. Age is important because the first part of the VI-SPDAT that is scored is whether the individual is 60 years of age or older. If they are, the person surveyed receives a point.

If you are doing the VI-SPDAT on paper or in an Excel or Access database, the starting information will look something like the screenshot below.

Interviewer’s Name		Agency <input type="checkbox"/> TEAM <input type="checkbox"/> STAFF <input type="checkbox"/> VOLUNTEER	
Date	Time	Location	
In what language do you feel best able to express yourself?			
First Name		Last Name	
Nickname		Social Security Number	
How old are you?	What’s your date of birth?	Has Consented to Participate <input type="checkbox"/> YES <input type="checkbox"/> NO	
If 60 years or older, then score 1.			Prescreen Score
PRE-SCREEN GENERAL INFORMATION SUBTOTAL			

If you are using the Performance Management and Communications Platform (PMCP), currently provided on the Google platform, you will be asked to enter the 1st of the month as a proxy to the actual day. Also, instead of entering a person’s First Name, Last Name, Nickname and Social Security Number into the PMCP system, you are prompted to enter a unique client identifier, so to preserve Personal Identifying Information (PII).

Sometimes people want to know why a person is asked both "How old are you?" and "What’s your date of birth?" The reason is that it is faster for people to state their age than for the surveyor to calculate their age from the date of birth, but asking both questions ensures accuracy.

Domain 1 – History of Housing and Homelessness

QUESTIONS			
	RESPONSE	REFUSED	Prescreen Score
If the person has experienced two or more cumulative years of homelessness, and/or 4+ episodes of homelessness, then score 1.			
1. What is the total length of time you have lived on the streets or in shelters?		<input type="checkbox"/>	
2. In the past three years, how many times have you been housed and then homeless again?		<input type="checkbox"/>	
PRE-SCREEN HOUSING AND HOMELESSNESS SUBTOTAL			

Questions 1-2 – Housing and Homelessness

Question 1 – "What is the total length of time you have lived on the streets or in shelters?" includes any and all types of homelessness. This may include living in a car, transitional housing stays, doubled up, couch surfing, living outdoors, staying in shelters, etc. This also includes homelessness during periods of incarceration or during hospital stays. This does NOT include adult children living with parents. Question 1 purposely defines "homelessness" broadly to help determine the individual's acuity; it is not designed to determine whether an individual fulfills the criteria for specific categories of homelessness that are **linked** to program eligibility, such as those used by the US Housing and Urban Development. Respondents are asked about the length of time they have "lived on the streets or in shelters" because this is the phrase that tested best and is understood the most. If in your community – or in the location where you are completing the survey – it makes sense to add a phrase such as **"or in other places like a car, abandoned building or sleeping on a friend's floor?"** to complete Question 1, you can certainly do so.

Question 2 – "In the past three years, how many times have you been housed and then homeless again?" can also be modified. Instead of saying **"In the past three years"** you may replace it with **"Since [insert date and year equal to three years ago] how many times have you been housed and then homeless?"**

Scoring Questions 1-2

Questions 1 and 2 are **Linked** Questions, meaning that the responses to both questions impact the respondent's VI-SPDAT score in this domain.

Score 1 if	<ul style="list-style-type: none"> The respondent answers 2 or more years to Question 1 and/or 4 or more to Question 2.
Score 0 if	<ul style="list-style-type: none"> They refuse both questions; The answer is less than 2 to Question 1 and less than 4 to Question 2; Question 1 is "Refused" and the response to Question 2 is less than 4; The response to Question 1 is less than 2 and Question 2 is "Refused".

Domain 2 – Risks

QUESTIONS				
If the total number of interactions across questions 3, 4, 5, 6 and 7 is equal to or greater than 4, then score 1.	RESPONSE		REFUSED	Prescreen Score
3. In the past six months, how many times have you been to the emergency department/room?			<input type="checkbox"/>	
4. In the past six months, how many times have you had an interaction with the police?			<input type="checkbox"/>	
5. In the past six months, how many times have you been taken to the hospital in an ambulance?			<input type="checkbox"/>	
6. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines?			<input type="checkbox"/>	
7. In the past six months, how many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital?			<input type="checkbox"/>	
If YES to questions 8 or 9, then score 1.	YES	NO	REFUSED	Prescreen Score
8. Have you been attacked or beaten up since becoming homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 10, then score 1.	YES	NO	REFUSED	Prescreen Score
10. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 11 or 12; OR if respondent provides any answer OTHER THAN "Shelter" in question 13, then score 1.	YES	NO	REFUSED	Prescreen Score
11. Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. I am going to read types of places people sleep. Please tell me which one that you sleep at most often. (Check only one.)	<input type="checkbox"/> Shelter <input type="checkbox"/> Street, Sidewalk or Doorway <input type="checkbox"/> Car, Van or RV <input type="checkbox"/> Bus or Subway <input type="checkbox"/> Beach, Riverbed or Park <input type="checkbox"/> Other (SPECIFY):			
PRE-SCREEN RISKS SUBTOTAL				

Questions 3-7 – Interaction with Health and Emergency Services

Questions 3, 4, 5, 6 and 7 all examine the frequency of interaction with various health and emergency services over the past 6 months. The literature confirms that to increase accuracy, you should assist the client's recall by putting the past 6 months in context. The best way to do this is to count back, out loud, with the individual. For example, let's say today's date is July 14, 2014. You would say, **"The next questions are about things that have happened in the last six months. Let's count back: July to June is one, June to May is two, May to April is three, April to March is four, March to February is five, February to January is six. So, since the middle of January how many times have you..."** It is also helpful to include a landmark date when appropriate; for example, at the beginning of July, you might ask **"Since New Year's, how many times have you..."**

Question 3 – "How many times have you been to the emergency department/room?" In your community, use whichever is used most common – emergency department or emergency room. This question is examining the number of times the individual has engaged with emergency resources for the purposes of health care. Times when an individual goes to the emergency department for purposes other than health care (for example, to warm up on a cold night but does not engage with health care; to use the restroom but does not engage with health care) are not counted.

Question 4 – "How many times have you had an interaction with police?" An interaction with police has to be for the purpose of law enforcement: this includes circumstances where the person was the victim of a crime, the witness to a crime, or the alleged perpetrator of an offence. A police officer saying hello to someone would not be considered an interaction; a police officer threatening someone with a ticket if they do not move along would count.

Question 5 – "How many times have you been taken to the hospital in an ambulance?" Ultimately this is about any incident where a cost is incurred through an ambulance/EMS interaction. The interaction with the ambulance is also about the purposes of health care. Let us say John gets hurt and his friend Bob rides along with John to the hospital. That is John's interaction with the ambulance, not Bob's.

Question 6 – "How many times have you used a crisis service, including distress centers or suicide prevention hotlines?" This includes any interaction with a crisis service on the person's own behalf, whether that is in person or through other means like over the phone. Depending on your community – or the location where you are completing the survey – you may add something like **"...or rape crisis center, youth runaway hotline, or bad date crisis line?"**

Question 7 – "How many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital?" Hospitalizations should not be confused with length of hospital stay. For example, someone that has a heart attack may be in hospital for seven days. That is one hospitalization.

Scoring Questions 3-7

Questions 3, 4, 5, 6 and 7 are **Linked** Questions. However, the scoring system is somewhat different from other **Linked** question sets. In the case of questions 3-7, a score will only be assigned if the total number of interactions identified in the responses to all of these questions reaches a certain threshold.

Score 1 if	• The total number of interactions with emergency and health services identified in questions 3-7 is 4 or more .
Score 0 if	• The total number of interactions identified in questions 3-7 is less than 4 .

Questions 8-9 – Physical Harm

Question 8 – "Have you been attacked or beaten up since becoming homeless?" This question examines whether the individual has been in an altercation and/or harmed at the hands of another. This covers the entire time they have been homeless, including every instance of homelessness in their lifetime (not just the most recent consecutive period of homelessness).

Question 9 – "Threatened to or tried to harm yourself or anyone else in the last year?"

This question examines whether the individual has suggested, through words or actions, that they were going to harm him- or herself or another person, as well as if they have actually attempted to harm themselves or any other person in the last 12 months. The person does not need to have been homeless at the time of these threats or attempts.

Scoring Questions 8-9

Questions 8 and 9 are **Linked** Questions.

Score 1 if	• The response to either Question 8 or Question 9 is "Yes"
Score 0 if	• Both questions are "Refused"; • Both questions are "No"; • One question is "Refused and the response to the other is "No".

Question 10 – Legal Issues

Question 10 – "Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines?" The phrase "legal stuff" includes any type of legal matter such as being on a registered offender list, outstanding warrants, moving violations, pending charges, etc. The term "legal stuff" is used here because testing of the SPDAT and VI-SPDAT indicates that this phrasing was best understood by respondents to include a broad range of justice system interactions. For the "legal stuff" to count in this question, it must be an issue that can result in either being incarcerated or having to pay a fine for an offence. Any legal matter that is unlikely to result in being locked up or having to pay a fine does NOT count.

Scoring Question 10

Question 10 is a **Stand-Alone** question.

Score 1 if	• The respondent answers "Yes".
Score 0 if	• The respondent answers "No" or "Refused".

Questions 11-13 – Risks

Question 11 – "Does anybody force or trick you to do things that you do not want to do?" This question is examining the issues of exploitation and victimization. The use of force may be through physical or emotional means. The use of "trick" is often only understood through hindsight. The individual did not know they were being tricked at the time of the activity, but realizes or discovers they were after the fact.

Question 12 – "Ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that?" It should be noted at the start of this question that it states "considered to be risky" so as to convey that the question is without judgment. This question is often the first time in the survey that someone will attempt to provide more information than what you are asking for – and should that occur, politely interrupt and let them know that you are seeking to know if they do any of these types of things, not which specific thing or the context in which that occurred. Surveyors have also found it helpful to put the emphasis on the last part of the sentence... "***or anything like that***" so as to verbally convey that you are not seeking specifics.

Question 13 – "I am going to read types of places people sleep. Please tell me which one that you sleep at most often. (Check only one.)"

- Shelter**
- Street, Sidewalk or Doorway**
- Car, Van or RV**
- Bus or Subway**
- Beach, Riverbed or Park**
- Other (SPECIFY): _____**

For this question, anything other than "Shelter" is considered to be higher risk, and therefore, a score of 1 is provided if there is anything other than "Shelter" selected. If your community does not have a subway, that possible response can be amended as necessary. For "Other" it is important to specify. Frequently the question comes up with how to address being doubled-up or couch surfing. That would fall under "Other" and should be specified. As the nature of the doubled-up or couch surfing situation is unknown, and may be harmful, it is considered higher risk in this circumstance.

Scoring Questions 11-13

Question 11, 12 and 13 are **Linked** Questions.

Score 1 if:	<ul style="list-style-type: none"> • The response to either Question 11 or Question 12 is "Yes"; • The response to Question 13 is any response other than "Shelter".
Score 0 if:	<ul style="list-style-type: none"> • The response to 11 and 12 is "No" and the response to 13 is "Shelter"; • There is a combination of "No" and/or "Refused" to Questions 11 and 12 and "Shelter" to 13; • All three questions are "Refused".

Domain 3 – Socialization and Daily Functions

QUESTIONS				
If YES to question 14 or NO to questions 15 or 16, score 1.	YES	NO	REFUSED	Prescreen Score
14. Is there anybody that thinks you owe them money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Do you have any money coming in on a regular basis, like a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Do you have enough money to meet all of your expenses on a monthly basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If NO to question 17, score 1.	YES	NO	REFUSED	Prescreen Score
17. Do you have planned activities each day other than just surviving that bring you happiness and fulfillment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 18 or 19, score 1.	YES	NO	REFUSED	Prescreen Score
18. Do you have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Do any friends, family or other people in your life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVE ONLY. DO NOT ASK! If YES, score 1.	YES	NO		Prescreen Score
20. Surveyor, do you detect signs of poor hygiene or daily living skills?	<input type="checkbox"/>	<input type="checkbox"/>		
PRE-SCREEN SOCIALIZATION & DAILY FUNCTIONS SUBTOTAL				

Questions 14-16 – Money

Question 14 – "Is there anybody that thinks you owe them money?" should not be confused with asking whether the person owes anybody money. This question gets at the risks of indebtedness or a perception of indebtedness, in addition to the possibility of debt.

Question 15 – "Do you have any money coming in on a regular basis, like a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?" examines whether people have a source of money. If "*dumpster diving*" or "*treasure hunting*" is used more in your local context than "*binning*" you can swap out those phrases. Like Question 12, put the emphasis on how you ask "*or anything like that?*" so as to be clear that you are not looking for specifics of how they get money.

Question 16 – "Do you have enough money to meet all your expenses on a monthly basis?" is asking about present tense, not about a hypothetical of whether they feel they would have enough money right now if they were housed.

Scoring Questions 14-16

Question 14, 15 and 16 are **Linked** Questions.

Score 1 if:	• The response to Question 14 is "Yes" and/or the response to Question 15 and/or Question 16 is "No".
Score 0 if	• The response to Question 14 is "No" or "Refused" and the response to Question 15 is "Yes" or "Refused" and the response to Question 16 is "Yes" or "Refused"

Question 17 – Meaningful Daily Activities

Question 17 - "Do you have planned activities each day other than just surviving that bring you happiness and fulfillment?" considers whether the respondent regularly engages in activities that they choose and that provide personal satisfaction and a sense of intellectual, emotional, social, physical or spiritual fulfillment.

Scoring Question 17

Question 17 is a **Stand-Alone** question.

Score 1 if	• The respondent answers "No".
Score 0 if	• The respondent answers "Yes" or "Refused".

Questions 18-19 – Relationships

Question 18 - "Do you have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?" is designed to explore whether the respondent has relationships that may have some negative consequences for his or her wellness.

Question 19 - "Do any friends, family or other people in your life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?" considers whether the respondent has relationships with people who are exploiting or using them.

Scoring Questions 18-19

Questions 18 and 19 are **Linked** Questions.

Score 1 if	• The respondent answers "Yes" to either Question 18 or 19.
Score 0 if	• The respondent answers "No" to both questions; • "Refused" to both questions; or • A combination of "No" and "Refused".

Question 20 – Observation of Daily Living Skills

Question 20 is a stand-alone question – and is an observation question. If the VI-SPDAT is occurring over the phone there are supplemental questions used to take place of the observation. Those supplemental questions are provided in an appendix to this document.

Question 20 – "Surveyor, do you detect signs of poor hygiene or living skills?" is designed to identify any indicators that the respondent may lack the resources or capacity to meet their daily living and hygiene needs. The surveyor is observing for such things as:

- Is the clothing appropriate for the season?
- Is the clothing in a reasonable state of repair and are the clothes wearable?
- Is the person unclean or malodorous (which may happen even if they have changed clothes)?
- If at an encampment, is the encampment disorganized or dishevelled?

Scoring Question 20

Score 1 if	• The surveyor observes signs of poor hygiene or living skills.
Score 0 if	• The surveyor does not observe signs of poor hygiene or living skills.

Domain 4 - Wellness

QUESTIONS					
If Does Not Go For Care, score 1.		RESPONSE			Prescreen Score
21. Where do you usually go for healthcare or when you're not feeling well?		<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Does not go for care			
For EACH YES response in questions 22 through 25 (Medical Conditions), score 1.					
Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions:		YES	NO	REFUSED	Medical Conditions
22. Kidney disease/End Stage Renal Disease or Dialysis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. History of frostbite, Hypothermia, or Immersion Foot		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Liver disease, Cirrhosis, or End-Stage Liver Disease		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. HIV+/AIDS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to any of the conditions in questions 26 to 34, then mark "X" in Other Medical Condition column.		YES	NO	REFUSED	Other Medical Conditions
26. History of Heat Stroke/Heat Exhaustion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Heart disease, Arrhythmia, or Irregular Heartbeat		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Emphysema		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Diabetes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Asthma		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Hepatitis C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK:		<input type="checkbox"/>	<input type="checkbox"/>		
34. Surveyor, do you observe signs or symptoms of a serious health condition?		<input type="checkbox"/>	<input type="checkbox"/>		
If any response is YES in questions 35 through 41, score 1 in the Substance Use column.		YES	NO	REFUSED	Substance Use
35. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Have you consumed alcohol and/or drugs almost every day or every day for the past month?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Have you ever used injection drugs or shots in the last six months?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Have you used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

40. Have you blacked out because of your alcohol or drug use in the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK:				
41. Surveyor, do you observe signs or symptoms or problematic alcohol or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>		
If any response is YES in questions 42 through 48, score 1 in the Mental Health Column.	YES	NO	REFUSED	Mental Health
42. Ever been taken to a hospital against your will for a mental health reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. Gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Had a serious brain injury or head trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Ever been told you have a learning disability or developmental disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Do you have any problems concentrating and/or remembering things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK:				
48. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	<input type="checkbox"/>	<input type="checkbox"/>		
If the Substance Use score is 1 AND the Mental Health score is 1 AND the Medical Condition score is at least a 1 OR an X, then score 1 additional point for tri-morbidity.				Tri-Morbidity
If YES to question 49, score 1.	YES	NO	REFUSED	Prescreen Score
49. Have you had any medicines prescribed to you by a doctor that you do not take, sell, had stolen, misplaced, or where the prescriptions were never filled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 50, score 1.	YES	NO	REFUSED	Prescreen Score
50. Yes or No – Have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma in your life which you have not sought help for, and/or which has caused your homelessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PRE-SCREEN WELLNESS SUBTOTAL				

Question 21 – Health Care

Question 21 - "Where do you usually go for healthcare or when you're not feeling well?"

– is intended to determine whether the respondent actually receives health care.

Scoring Question 21

Question 21 is a **stand-alone** question.

Score 1 if	• The response is "Does not go for care" or if the specific response to "Other" indicates that the person does not actually receive health care.
Score 0 if	• The participant selects any other response or the question is "Refused".

Questions 22-34 – Physical Health Conditions

Questions 22-34 form two distinct questions sets, but are all part of the same over-arching question of whether the respondent has or has ever had certain conditions, or had a healthcare provider ever tell them that they have one of these conditions.

Each one of questions 22-33 considers a single health condition. The health conditions outlined in questions 22-33 are those where there is an evidence base to support it being included. Health issues should not be added to, or removed from, the list, nor should some health conditions be swapped out for other health conditions.

Sometimes there are questions as to what these health conditions are, the circumstances under which one would get one of these health conditions, and the impact of the health condition. As a surveyor, you do not need to know what the health condition is or any other details. If a person has one of these health conditions, they are typically aware of its name. What you need to be able to do is pronounce the health condition.

Question 34 is an observation question, asking the surveyor whether they detect any signs or symptoms of a serious health condition. This would include things such as:

- Open wounds, beyond superficial lacerations, likely with blood and/or pus;
- Advanced medical apparatus like an oxygen tank;
- A bracelet from a recent hospital admission;
- Visibly rotting flesh.

If completing the survey over the phone, the supplemental questions provided in the appendix can be used in place of the observation.

Scoring Questions 22-25

Questions 22, 23, 24 and 25 are all **Stand-Alone** questions. Collectively, Questions 22-25 (inclusive) are the most heavily weighted questions of the entire Wellness Domain, with each affirmative answer resulting in a point toward the final VI-SPDAT score.

For **each** of these questions:

Score 1 if	• The response is "Yes"
Score 0 if	• The response is "No" or "Refused"

Scoring Questions 26-34

The scoring for questions 26-34 follows a different process than that used for the other VI-SPDAT questions.

If the response to **any one of these questions** is "Yes", or if the surveyor observes signs or symptoms of a serious illness as instructed in Question 34, **mark an "X" under "Other Medical Condition"**.

Questions 26-34 (inclusive) are used for the purpose of assessing tri-morbidity: an extra point is assigned to respondents who have a physical health issue with a co-occurring substance use issue and mental health issue (see **Assessing Tri-Morbidity on page 23**). However, unlike the medical conditions considered in Questions 22-25, none of these is assigned a point in the scoring in and of itself.

Questions 35-41 – Substance Use

Question 35 – "Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or been told you do?" is inquiring whether this has happened at any point in her/his lifetime. This is the only time the words "abused drugs or alcohol" appear. (In the SPDAT there is special attention to use the phrase "Substance Use" rather than "Substance Abuse".)

Question 36 – "Have you consumed alcohol and/or drugs almost every day or every day for the past month?" is inquiring about use over the past 30-day period.

Question 37 – "Have you used injection drugs or shots in the last six months?" refers solely to street-based substances that are used through needles. It does NOT refer to medications that may be administered in this manner.

Question 38 – "Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs?" is inquiring whether this has occurred at any point in her/his lifetime, even if they subsequently stopped permanently after having had a relapse.

Question 39 – "Have you used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?" is determining whether the person consumes forms of alcohol that can be more problematic for her/his health than alcohol intended for human consumption. If there is a particular type of non-beverage alcohol that is more popular in your community and is not mentioned here, you can add it to the list after "like". As in Question 12, put particular emphasis on how you state "**or anything like that?**"

Question 40 – "Have you blacked out because of your alcohol or drug use in the past month?" is a question that asks about any time in the past 30 days the individual has involuntarily slept or has gaps in memory as a result of using substances.

Question 41 is an observation question that asks the surveyor whether they observe signs or symptoms of problematic alcohol or drug use. Signs the surveyor should look for include:

- Shakes, especially in the morning;
- Morning intoxication;
- Puncture marks, track marks, inflammation or infection on arms, legs or other visibly places on the person where they have been punctured for injection substance use;
- Sores or blisters at the front of the lips, with co-occurring blackening of gums and teeth in one area of the mouth;
- Visibly seeing their rig, cooker or other drug using apparatus;
- In an encampment, a large volume of empty cans or bottles beyond that which they have collected for recycling.

If completing the survey over the phone, the supplemental questions provided in the appendix can be used in place of the observation.

Scoring Questions 35-41

Questions 35 through 41 (inclusive) are **Linked** Questions.

Score 1 if	• The response to any one of questions 35-41 is "Yes"
Score 0 if	• The response to every question from 35-40 is "No" or "Refused" and the surveyor does not detect any signs or symptoms of problematic alcohol or drug use as required in Question 41.

Questions 42-48 – Mental Health and Cognitive Function

Question 42 – "Ever been taken to a hospital against your will for a mental health reason?" is inquiring about involuntary interactions as a result of a mental health issue. This question intentionally does not ask about the outcome of that interaction (e.g., whether the individual was actually admitted to hospital or received a diagnosis as a result of being taken to hospital). This question covers the person's entire lifetime.

Question 43 – "Gone to the emergency room because you were not feeling 100% well emotionally or because of your nerves?" is inquiring whether they have ever voluntarily sought out supports for their mental health on an emergency basis. You can swap out "**emergency room**" for "**emergency department**" if "department" is used with greater frequency in your community. This question, like Question 42, intentionally does not address the outcome of seeking supports and covers the person's entire lifetime. The decision to frame the question in this manner is based upon testing and likelihood of accuracy, as well as the potential reaction by the respondent to a question about the outcome of their decision to seek such support

Question 44 – "Spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so?" is framed this way because persons with a serious mental illness are more likely to have had such an interaction in the last six months than those that do not, either by their own choice or because they were forced to do so. Similar to other questions that consider the 6 months prior to the date that the VI-SPDAT is being completed, it is helpful to count the date back out loud and use "landmark" dates.

Question 45 – "Had a serious brain injury or head trauma?" is inquiring about harm to the brain, which includes both acquired and organic brain injuries regardless of how the harm occurred.

Question 46 – "Ever been told you have a learning disability or developmental disability?" determines whether the person may have these types of disabilities. It purposely does not determine the circumstance under which they were told this information, or exactly what she/he was told.

Question 47 – "Do you have any problems concentrating and/or remembering things?" is also related to cognitive function. It is intended to determine if the person struggles with memory, regardless of whether they have been tested or received a diagnosis.

Question 48 is an observation question about whether severe, persistent mental illness or severely compromised cognitive functioning is detected. The types of cues to be looked for include:

- Whether the person asks multiple times what the survey is for, after it has been explained;
- Communication to the surveyor in gibberish, when you know that they can converse in English;
- The participant attempts to communicate with persons or objects that are not present;
- Hospital bracelet from a recent psychiatric admission – either a mental health hospital or the psychiatric ward of a hospital.

If completing the survey over the phone, the supplemental questions provided in the appendix can be used in place of the observation.

Scoring Questions 42-48

Questions 42-48 are **Linked** Questions that examine mental wellness and cognitive functioning.

Score 1 if	• The response to one or more of these questions is "Yes".
Score 0 if	• The response to each of these questions is "No" or "Refused".

Assessing Tri-Morbidity

Tri-Morbidity occurs when the person has a physical health issue, mental health issue and substance use issue at the same time. The presence of Tri-Morbidity is determined by examining the respondent's scores in the sections of the Wellness domain that address Physical Health, Mental Health and Substance Use.

If your VI-SPDAT is being entered into the PMCP database or into your HMIS, this is most likely auto-calculated for you. If you are doing the VI-SPDAT on paper, you will need to search for a "1" Score in Mental Health, a "1" Score in Substance Use" and either a "1" in any of Questions 22-25 (inclusive) or an "X" (which denotes a "Yes") to any of Questions 26-34. If these conditions are met, the person receives a score of 1 for Tri-Morbidity.

Score 1 if	• The respondent has a score of 1 in Mental Health and a score of 1 in Substance Use and a score of 1 or "X" in Physical Health
Score 0 if	• The respondent has a score of 0 for one or more of the components of Wellness

Question 49 – Prescription Drugs

Question 49 – "Have you had any medicines prescribed to you by a doctor that you do not take, sell, had stolen, misplaced, or where the prescriptions were never filled?" is trying to determine if the person is not taking a medication that a health care professional believes she/he should be taking. If you live in a location where nurse practitioners can prescribe medications, that would be included equally to "doctor". Also note that "doctor" includes mental health professionals such as psychiatrists that can prescribe medications.

Scoring Question 49

Question 49 is a **stand-alone** question.

Score 1 if	• The respondent answers "Yes".
Score 0 if	• The respondent answers "No" or "Refused"

Question 50 – Experience of Abuse or Trauma

Question 50 – "Yes or No – Have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma in your life, which you have not sought help for, and/or which has caused your homelessness?" While most questions up to this point have been Yes or No questions, this question starts in that way so as to remind the respondent indirectly that no particular details are being sought. This question is inquiring about two different things – if they have experienced abuse/trauma and not sought help for it, **and/or** if they have experienced abuse/trauma and believe that abuse/trauma caused their homelessness. The question is best asked by pausing after the word "life" and before the word "which", as well as pausing after "and/or" and before "which". These conversational pauses help delineate the various sub-sections of the question to make it more understandable.

Note that this is the only question in the VI-SPDAT that was not written by the primary authors of the tool (OrgCode Consulting and Community Solutions). This question was written by experts in trauma and abuse and is specifically worded to decrease the likelihood of re-traumatizing someone through the asking of the question.

Scoring Question 50

Question 50 is a **Stand-Alone** question.

Score 1 if	• The respondent answers "Yes".
Score 0 if	• The respondent answers "No" or "Refused".

Calculating the VI-SPDAT Score

Once you have completed the VI-SPDAT survey, the scores for each question will be added to calculate sub-totals for each domain and a total VI-SPDAT score.

DOMAIN	SUBTOTAL	
GENERAL INFORMATION		<p>If the Pre-Screen Total is equal to or greater than 10, the individual is recommended for a Permanent Supportive Housing/Housing First Assessment.</p> <p>If the Pre-Screen Total is 5, 6, 7, 8 or 9, the individual is recommended for a Rapid Re-Housing Assessment.</p> <p>If the Pre-Screen Total is 0, 1, 2, 3 or 4, the individual is not recommended for a Housing and Support Assessment at this time.</p>
A. HISTORY OF HOUSING AND HOMELESSNESS		
B. RISKS		
C. SOCIALIZATION AND DAILY FUNCTIONS		
D. WELLNESS		
PRE-SCREEN TOTAL		

If you use the VI-SPDAT along with the SPDAT or another assessment tool, the scoring of the VI-SPDAT informs who should be **assessed** for which type of housing intervention (e.g., Rapid Re-Housing or Permanent Supportive Housing/Housing First).

If you are solely using the VI-SPDAT at this point in your community, instead of the VI-SPDAT suggesting a particular type of assessment, it may be used to identify which clients will be referred to specific housing interventions. However, this is less precise than using the VI-SPDAT in conjunction with an assessment tool. For example, a full assessment for individuals whose VI-SPDAT scores place them at the cut-off point from one intervention to another (9s or 10s for example) results in greater clarity as to where and how the household will be best supported and housed.

Appendix A: FAQs On the VI-SPDAT

Who created and owns the VI-SPDAT?

The VI-SPDAT was created through the merger of the Vulnerability Index, as owned and made popular by Community Solutions, and the SPDAT Pre-screen Tool, which is part of the SPDAT tool suite owned and created by OrgCode Consulting, Inc. Any community or organization can use the VI-SPDAT for free, provided that nothing is altered in the VI-SPDAT (beyond the slight amendments to wording noted in this manual) and that they read and follow this manual and/or follow the instructions given in the training video. In-person and webinar training is also available; please contact info@orgcode.com for more information about scheduling such training in your community.

Where does the evidence come from that supports these questions in the VI-SPDAT?

Each question in the VI-SPDAT links directly to one or more components of the SPDAT. There is a complete evidence brief that you can read on either the 100K Homes Campaign website or the OrgCode website.

How come the VI-SPDAT doesn't talk about Transitional Housing?

Many communities wonder how Transitional Housing fits with the VI-SPDAT. This is a decision made on a community-by-community basis and is not something that is explicitly advised by the tool. How a community chooses to make use of its Transitional Housing is completely up to that community.

For example, some communities use their Transitional Housing for people who score in the lower to middle end of the Rapid Re-Housing scoring range, and operate within a classic Transitional Housing framework that includes programming and may require the household to exit the housing upon completion of the program. Other communities have purposely decided to use their Transitional Housing for households that score high enough for a Permanent Supportive Housing intervention but who cannot be placed immediately because there are no PSH vacancies. In these communities, Transitional Housing operates more like Interim Housing, rather than following a traditional Transitional Housing model. Emerging data seems to suggest this approach works very well so long as the traditional Transitional Housing support model is not applied and there is a deliberate attempt to keep lengths of stay as short as possible (usually less than 9 months).

Although the VI-SPDAT does not speak to how communities should use their Transitional Housing, we do encourage communities to examine their Transitional Housing and consider whether it can be used as Interim Housing or to provide permanent housing with transitional supports for mid-acuity households who are identified as candidates for Rapid Re-Housing.

How does this tool work with domestic and intimate partner violence?

There are many examples of communities using the VI-SPDAT while coordinating and prioritizing access for domestic violence services. Typically, these communities ask a non-scoring question at the beginning of the VI-SPDAT to identify whether the person has recently experienced domestic or intimate partner violence. When the response is in the affirmative, the VI-SPDAT is completed with the results of the survey considered only alongside other surveys completed with other survivors of domestic/intimate partner violence.

How come the tool doesn't match up with HUD eligibility requirements for some things like chronic homelessness?

The tool is designed to measure acuity and risks to housing instability. It is not designed to specifically look at eligibility for any particular program. If you need/want to add questions to ensure there is a match to program eligibility, you may do so, so long as it does not alter the questions.

Furthermore, it needs to be respected that the VI-SPDAT is used internationally based upon data sources and peer reviewed research from around the world. It was not specifically created to meet the needs of one country or another. The tool is used extensively in the United States, Canada and Australia at the time of writing.

How can someone score for Rapid Re-Housing and yet still meet the criteria for chronic homelessness?

There are several circumstances under which this may occur:

- There is a bottleneck in service delivery, and the individual has met the time requirements of the definition for chronic homelessness because there is a lack of capacity or other deficiencies in the service delivery system, rather than because the individual is dealing with complex, co-occurring issues that impact his or her ability to maintain housing;
- The person has a small number of acute issues that seriously impact his or her housing stability, rather than a larger number of complex, co-occurring issues; the cumulative impact of these issues may result in the person meeting the definition of chronic homelessness even though he or she has lower overall acuity.
- Note: Most people that live in your community who are coping with issues like extreme poverty, substance use, or compromised mental health will never experience homelessness – that is a statistical fact, and as such it is better to understand what those individuals are able to do in order to access and stay housed, rather than acting on an assumption that homeless persons with the same characteristics MUST have permanent supportive housing in order to be successful in housing.

Can we call the VI-SPDAT something else?

No. The VI-SPDAT is the VI-SPDAT. Because Community Solutions and OrgCode own the intellectual property, it is illegal to use an altered version of the tool without consent and approval. Please note that we are freely sharing our intellectual property and research in an effort to help you end homelessness in your community. Rebranding our works or changing authorship would do us a great disservice.

Please also note that no HMIS provider can include the VI-SPDAT without our express permission, and each is legally bound not to make any amendments without our prior approval.

Can we take the parts of the VI-SPDAT we like and then create new questions for the parts we want to ask about locally?

You can add any new non-scoring questions that you would like. You cannot alter any question that impacts scoring or prioritization without the consent and approval of OrgCode Consulting and Community Solutions. Failure to get consent and approval will alter the scientific rigor of the questions, and would likely result in legal issues, as OrgCode Consulting and Community Solutions own the intellectual property of the VI-SPDAT and the questions asked therein.

Is the VI-SPDAT in HMIS?

At time of writing, 13 different HMIS vendors have put the VI-SPDAT into their systems. There was absolutely no charge from OrgCode Consulting or Community Solutions in order to do so.

Does the VI-SPDAT work with youth?

Like the SPDAT, the VI-SPDAT works with youth so long as youth are compared to youth and are not compared to the general population.

Has HUD, USICH or the VA approved the VI-SPDAT?

None of these entities approve one tool or another. However, these groups are fully aware of the use and spread of the VI-SPDAT and encourage communities to use it, if it is the right tool for them.

Is there a licensing fee?

No. The VI-SPDAT is completely free.

The SPDAT is also completely free, however, communities must pay for training before local service providers begin using the SPDAT. Once a community has used the SPDAT for 3 or more months, it may also choose to invest in Train the Trainer expertise at the local level.

What about families?

There is also a Family VI-SPDAT.

What if we know things that they (the survey participant) are not telling us that would alter their score?

The VI-SPDAT is entirely a self-report instrument. If you question the information being provided, then it is recommended that you complete a full SPDAT, which also brings in such information as observation, documentation, and (with consent) what other professionals have to contribute.

What about someone that is borderline in the scoring between one type of housing intervention and another?

This is another example where the SPDAT or another assessment tool will help you fully assess and understand those situations. For example, the SPDAT uses a wider scoring range which results in a better understanding of nuances in each particular situation and more precise assessment of the most appropriate type of intervention.

It is important not to allow the discretion of the case managers to determine the recommended intervention in a borderline situation. This would undermine the goal of using a standardized assessment process to ensure that there is transparency and consistency.

If Community Solutions is a non-profit and OrgCode is a for-profit, does that mean that OrgCode is making the money off of the VI-SPDAT?

No. Neither Community Solutions nor OrgCode Consulting make money off the VI-SPDAT (or the SPDAT for that matter). Call it corporate goodness, craziness, or bad business planning, but the SPDAT is the single greatest money-losing endeavor that OrgCode has ever come up with – and they are very proud of it. Even the full SPDAT and charging for training results in a net loss for OrgCode.

How many other communities are using the VI-SPDAT/SPDAT?

Because the VI-SPDAT is publicly available and free – requiring no permission from Community Solutions or OrgCode Consulting prior to using – our best available information suggests there are thousands of communities in the United States, Canada, and Australia using the tool. There are some States and Provinces that require the use of the VI-SPDAT and/or SPDAT as a condition of funding.

Can you give me examples of other communities/states/provinces using the VI-SPDAT and/or SPDAT?

By no means exhaustive, here are some examples of communities of various sizes, ranging from towns and counties to cities to states and provinces, that are using the VI-SPDAT: Los Angeles County; Washington, DC; New York City; Tampa Bay; Providence; Waterloo; Oklahoma City; Orlando; Austin; Las Vegas; West Palm Beach; San Diego; Kingston; Ottawa; Brisbane; Bismark; Louisville; Greensboro; Chicago; Miami; High Point; New Orleans; Philadelphia; Fargo; Lafayette; Atlanta; Shreveport; Toledo; Alberta; Phoenix; Baton Rouge; Tucson; Brantford; Winston-Salem; Montgomery County (PA); Cedar Rapids; Boston; Saskatoon; Memphis; Charleston; Asheville; Honolulu; West Virginia; Fresno; Salt Lake City; and Denver. The tool is also in use in the States of Michigan and Arizona and the Province of Newfoundland & Labrador.

Is the VI-SPDAT available in languages other than English?

Currently, the VI-SPDAT is officially available in English, French (Quebec) and Spanish. Some local communities have translated the VI-SPDAT into Russian, Farsi, Tagalog, Armenian, Polish and other languages – however, these have not been vetted by language experts.

Do we have to use the VI-SPDAT/SPDAT?

Unless your funder has mandated the use of the VI-SPDAT and/or SPDAT, your community should make its own informed decision on whether the VI-SPDAT and/or SPDAT is the right tool for you.

If considering other tools, ask yourselves these questions:

- Is it supported by a body of evidence;
- Will it help prioritize;
- Is it readily available in HMIS or another data system;
- Will it best serve the needs of homeless persons in our community;
- Is the information gleaned from it easily understood;
- Will service providers be able to operationalize the information gleaned from the tool.

Can our community use the SPDAT and NOT use the VI-SPDAT?

Yes. While unlikely to be feasible in very large urban centers with multiple access points, there are hundreds of communities that use the SPDAT and do NOT use the VI-SPDAT.

We have thoughts on how to make questions better. How can we do that?

Like all SPDAT products, there is a formal review process. If you'd like to have input on future changes to the VI-SPDAT, you can make use of that process. When the review period is open, it is advertised on the OrgCode Facebook page and website.

If we have questions about the VI-SPDAT or SPDAT, to whom should we reach out?

Your best bet would be Iain De Jong, the president and CEO of OrgCode Consulting, Inc. at idejong@orgcode.com

Appendix B: Script for Over-the-Phone Prescreen for Select Questions

Domain 3 – Socialization and Daily Functions

Question 20 - Observation of Daily Living Skills

- Are the clothes you are wearing right now clean?
- Do you have clothes that are appropriate for this time of year?
- Is your clothing in a reasonably good state of repair without holes, missing buttons or broken zippers?
- Have you taken a shower or bathed in the last three days?

Scoring Question 20

Ask the prompts. If they say NO to any of the prompts, score 1 in the prescreen.

Domain 4 - Wellness

Question 34 - Observation of Serious Health Conditions

- Do you have any open wounds right now that have received medical attention or should receive medical attention?
- Do you use an oxygen tank or similar device to assist with your breathing?
- Do you have a feeding tube, catheter, colostomy bag or any other type of medical device to help with intake of food or removing waste from your body?
- Do you have any broken bones that impact your ability to move around or breathe?
- Are you currently wearing a hospital bracelet from a recent hospital admission?

Scoring Question 34

Ask the prompts. If they say NO to any of the prompts, score 1 in the prescreen.

Question 41 - Observation of Problematic Drug or Alcohol Use

- If I were to smell your breath right now, would I be able to smell alcohol? (IF YES...Do you frequently smell like alcohol?)
- In your pockets or possessions right now do you have a rig, prick or needle for cooking, smoking, snorting or injecting drugs?
- Have you gotten drunk or high today to the point of passing out, blanking out or doing things you later regretted?

Scoring Question 41

Ask the prompts. If they say NO to any of the prompts, score 1 in the prescreen.

Question 48 - Observation of Serious and Persistent Mental Illness

- Do you have any conversations with people that others do not see?
- Do you have visions of people or things that other people do not see?
- Is there a hospital bracelet around your wrist right now from a recent hospital stay because of your mental health?

Scoring Question 48

Ask the prompts. If they say NO to any of the prompts, score 1 in the prescreen.

Throughout the conversation, if you detect that the person is engaged in incomprehensible dialogue or is struggling to comprehend or respond to numerous questions – and you have reason to believe this is for any reason other than English being a second language - score 1.